

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER		Docket Number: 1662/568077		
Application Number 10/661,259	Filing Date September 12, 2003	Examiner To be assigned	Art Unit To be assigned	
Invention Title POLYMORPHS OF FEXOFENADINE HYDROCHLORIDE		Inventors DOLITZKY et al.		

Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: 10 V. 26,03 Reg. No. 52,048
Signature: Payer madi

Enclosed is a Supplemental Declaration for filing in the above-identified patent application.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to the deposit account of Kenyon & Kenyon, deposit account number 11-0600:

- Any additional filing fees required under 37 C.F.R. § 1.16; A.
- Any additional patent application processing fees under 37 C.F.R. § 1.17; В.
- Any additional document supply fees under 37 C.F.R. § 1.19; C.
- Any additional post-patent processing fees under 37 C.F.R. § 1.20; or D.
- E. Any additional miscellaneous fees under 37 C.F.R. § 1.21.

A duplicate copy of this letter is enclosed for charging purposes.

Dated: NOV 26,03

KENYON & KENYON

One Broadway

New York, New York 10004

(212)425-7200 (telephone)

(212) 425-5288 (facsimile)

CUSTOMER NUMBER 26646



U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

DECLARATION

ATTORNEY'S DOCKET NO. 1662/568077

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **POLYMORPHS OF FEXOFENADINE HYDROCHLORIDE**, the specification of which was filed on September 12, 2003 as U.S. Serial No.

________, and amended by Preliminary Amendment filed September 12, 2003.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

09 April 2001 25 July 2001
25 July 2001
23 August 2001
08 November 2001
07 December 2001
28 December 2001

60/361,780	04 March 2002		
60/363,482	11 March 2002		

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

KENYON & KENYON

One Broadway
New York, New York 10004
(212)425-7200 (telephone)
(212) 425-5288 (facsimile)

CUSTOMER NUMBER 26646

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)
10/118,807	08 April 2002	Pending

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME Ben-Zion		SECOND GIVEN NAME
	DOLITZKY			
RESIDENCE &	CITY	STATE OR FO	DREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Petach Tiqva	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	Lohame HaGhetto 32	Petach T	iqva	Israel
Signature	B. Z. Politzky		Date //. /.	1,2007
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
	WIZEL	Shlomit		
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	Petah Tiqva	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	Yehuda Hanassi 2	Petah Tiqva 49742		Israel
Signature	~spe		Date 7.	10.53
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN	NAME	SECOND GIVEN NAME
	KROCHMAL	Barnaba		
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	Jerusalem	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	Shevo 503/38 Gilo	Jerusalem 93845		Israel

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN	NAME	SECOND GIVEN NAME
	DILLER	Dov		·
RESIDENCE &	CITY	STATE OR FO	REIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Jerusalem	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	Rehov Chida 20 Bayit Vegan	Jerusaler	n 96464	Israel
Signature D	or Diller		Date 11	11/03
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN	NAME	SECOND GIVEN NAME
	GROSS	Irwin		
RESIDENCE & CITIZENSHIP	CITY	STATE OR FO	REIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Jerusalem	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	Idelson 16/24 Ramot Gimmel	Jerusaler	n	Israel
Signature	f L		Date	- 11- 03